



September 25, 2019

Evan Osborne
U.S. EPA Region 10
1200 Sixth Ave, Suite 155, 20-C04
Seattle, WA 98101

RECEIVED

SEP 26 2019

EPA - REGION 10

Enforcement & Compliance Assurance Division

RE: AM Idaho LLC Class II UIC permit application No. ID2001-A OCE-201

Dear Mr. Osborne,

In reviewing the documents and attachments sent to you Friday, September 20, 2019, we realized that we may have inadvertently sent you the EPA Form 7520-6 unsigned.

Enclosed please find and accept two EPA Form 7520-6 signed.

We apologize for the oversight!

Thank you,
Sincerely,

A handwritten signature in blue ink, which appears to read "Kathryn R.E. Smith", is written over the typed name.

Kathryn R.E. Smith
Engineering Tech/Office Manager
AM Idaho LLC
ksmith@high-mesa.com
281-994-5418



United States Environmental Protection Agency
Underground Injection Control
Permit Application for a Class II Well
 (Collected under the authority of the Safe Drinking Water Act.
 Sections 1421, 1422, and 40 CFR Part 144)

For Official Use Only

Date Received

Permit Number

ID2001-AOCE-201

Read Attached Instructions Before Starting

| | | | | | |
|---|--|--|---|------------------------------|--|
| I. Owner Name, Address, Phone Number and/or Email | | | II. Operator Name, Address, Phone Number and/or Email | | |
| AM Idaho LLC 16600 Park Row Houston, TX 77084 281-944-5418 ksmith@high-mesa.com | | | AM Idaho LLC 16600 Park Row Houston, TX 77084 281-944-5418 ksmith@high-mesa.com | | |
| III. Commercial Facility | IV. Ownership | V. Permit Action Requested | | VI. SIC Code(s) | VII. Indian Country |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> State/Tribal/ Municipal | <input checked="" type="checkbox"/> New Permit <input type="checkbox"/> Permit Renewal <input type="checkbox"/> Modification <input type="checkbox"/> Add Well to Area Permit <input type="checkbox"/> Other _____ | | SIC = 1311 NAICS = 211111 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| VIII. Type of Permit (For multiple wells, use additional page(s) to provide the information requested for each additional well) | | | | | |
| <input checked="" type="checkbox"/> A. Individual <input type="checkbox"/> B. Area | Number of Wells 1- oil/gas well to be modified | Well Field and/or Project Names Willow/Hamilton DJS # 2-14 shut-in well to be modified for injection. | | | |
| IX. Class and Type of Well (see reverse) | | | | | |
| A. Class II | B. Type (enter code(s)) Type D | C. If type code is "X," explain. N/A | | | |
| X. Well Status | | | XI. Well Information | | |
| <input type="checkbox"/> A. Operating Date Injection Started _____ <input type="checkbox"/> B. Conversion Date Well Constructed _____ <input checked="" type="checkbox"/> C. Proposed | | | API Number 11-075-20023 Permit (or EPA ID) Number _____ Full Well Name DJS Properties #2-14 | | |
| XII. Location of Well or, for Multiple Wells, Approximate Center of Field or Project | | | | | |
| Locate well in two directions from nearest lines of quarter section and drilling unit Surface Location NE 1/4 of NW 1/4 of Section 14 Township 8N Range 4W 95 ft. from (N/S) NL Line of quarter section 2315 ft. from (E/W) WL Line of quarter section. | | | Latitude 44° 22' 19.1974" Longitude 166° 46' 59.9151" | | |
| XIII. Attachments | | | | | |
| <i>In addition to this form, complete Attachments A-U (as appropriate for the specific well class) on separate sheets. Submit complete information, as required in the instructions and list all attachments, maps or other figures, by the applicable letter.</i> | | | | | |
| XIV. Certification | | | | | |
| I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR § 144.32) | | | | | |
| Name and Official Title (Please Type or Print) | | | Signature | | Date Signed |
| Scott Ricks, President | | | | | 9-20-19 |



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| III. Commercial Facility | IV. Ownership | V. Permit Action Requested | VI. SIC Code(s) | VII. Indian Country |
|--|--|--|------------------------------|--|
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> State/Tribal/Municipal | <input checked="" type="checkbox"/> New Permit <input type="checkbox"/> Permit Renewal <input type="checkbox"/> Modification <input type="checkbox"/> Add Well to Area Permit <input type="checkbox"/> Other | SIC = 1311 NAICS = 211111 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

VIII. Type of Permit (For multiple wells, use additional page(s) to provide the information requested for each additional well)

| | | |
|---|--|---|
| <input checked="" type="checkbox"/> A. Individual <input type="checkbox"/> B. Area | Number of Wells 1- oil/gas well to be modified | Well Field and/or Project Names Willow/Hamilton DJS # 2-14 shut-in well to be modified for injection. |
|---|--|---|

IX. Class and Type of Well (see reverse)

| A. Class | B. Type (enter code(s)) | C. If type code is "X," explain. |
|----------|-------------------------|----------------------------------|
| II | Type D | N/A |

| X. Well Status | XI. Well Information |
|---|---|
| <input type="checkbox"/> A. Operating <input type="checkbox"/> B. Conversion <input checked="" type="checkbox"/> C. Proposed Date Injection Started Date Well Constructed | API Number 11-075-20023 Permit (or EPA ID) Number Full Well Name DJS Properties #2-14 |

XII. Location of Well or, for Multiple Wells, Approximate Center of Field or Project

| | |
|--|--|
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| I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR § 144.32) | | |
| Name and Official Title (Please Type or Print) Scott Ricks, President | Signature | Date Signed 9-20-19 |